

NON-PROVISIONAL UTILITY PATENT APPLICATION TRANSMITTAL - 37 CFR 1.53(b)

[] Duplicate (check, if applicable)

Assistant Commissioner for Patents **BOX PATENT APPLICATION** Washington, DC 20231

which is:

Attorney Docket No. 011-2 (200011.0002) First Named Inventor: Boris Skurkovich Express Mail Label No. EL399099647US Total Pages of Transmittal Form: 2



Transmitted herewith for filing is the non-provisional utility patent application entitled:

METHODS OF PREVENTION AND TREATMENT OF ASTHMA, AND ALLERGIC CONDITIONS

	iginal; or tinuation, [] Divisional, or [] Continuation-in-part (CIP)						
.,	of prior Application No/, filed						
[] This	non-provisional patent application is based on Provisional Patent Application						
	, filed						
Enclosed are	: :						
[X]	Specification (including Abstract) and claims: 81 pages.						
[X]	Non-executed Declaration.						
[]	Copy of Declaration from prior application.						
[]	Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).						
	sheets of drawings (formal) plus one copy.						
[]	Microfiche computer program (Appendix).						
[]	Nucleotide and/or Amino Acid Sequence Submission, including:						
	[] Computer readable copy [] Paper Copy [] Verified Statement.						
[]	Under PTO-1595 cover sheet, an assignment of the invention.						
	[] Certified copy of Application No, filed						
	, is filed:						
	[] herewith or [] in prior application						
[X]	Verified Statement Claiming Small Entity Status under 37 CFR 1.9 and 1.27.						
	[] was filed in the prior non-provisional application, and such						
	status is still proper and desired (37 CFR 1.28(a));						
	[X] is enclosed herewith; [] is no longer desired.						
[]	Preliminary Amendment.						
[]	Information Disclosure Statement, PTO-1449, and cited references.						
[1	Other:						

The filing fee has been calculated as shown below:

		27.0	SMALL	ENTITY		LARG	E ENTITY
CLAIMS	CLAIMS NO. FILED NO. EXTRA		BASIC FEE: \$345			BASIC FEE: \$690	
Total	99-20 =	79	Х9	\$ 711	OR	X18	\$
Independent	32- 3=	29	X39	\$ 1131	OR	X78	\$
Multiple Dependent Claims Present:			\$130	\$	OR	\$260	\$
		**************************************	TOTAL	\$ 0*	OR	TOTAL	\$

^{*}The filing fee is not being paid at this time.

The Commissioner is hereby authorized to charge payment of the following fees or credit any overpayment to Deposit Account No. 50-1017 (Billing No. 200011.0002). One additional copy of this sheet is enclosed.

- The above calculated filing fee \$0. [X]
- Any additional fees required under 37 C.F.R. § 1.16.
- Any additional fees required under 37 C.F.R. §1.17.
- If the filing of any paper during the prosecution of this application requires an [X]extension of time in order for the paper to be timely filed, applicant(s) hereby petition(s) for the appropriate extension of time pursuant to 37 C.F.R. §1.136(a).

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Enclosures